

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023950

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 1102

STATE FILE NUMBER

FILED JUL 15 1963

## 1. PLACE OF DEATH

a. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only) **Springfield** Length of stay in 1b **16 years**

c. FULL NAME OF (If NOT in hospital, give location) **Burge Protestant Hosp.** Inside Limits Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Greene**

c. CITY OR TOWN **Springfield** Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **1921 N. Burton** Reside on Farm Yes ☐ No ☒

## 3. NAME OF DECEASED

First **Thomas** Middle **Reece** Last **Martin**

5. SEX **Male**

6. COLOR OR RACE **White**

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

4. DATE OF DEATH **July 4, 1963**

8. DATE OF BIRTH **6-10-1901** 9. AGE (last birthday) **62** IF UNDER 1 YEAR IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Contractor**

10b. KIND OF BUSINESS OR INDUSTRY **Masonry**

11. BIRTHPLACE (City and state or country) **Elliott, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

## 13a. FATHER'S NAME

**Thomas R. Martin**

## 13b. MOTHER'S MAIDEN NAME

**Minnie (UNKNOWN)**

## 14. NAME OF HUSBAND OR WIFE

**Cora Martin**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service) **Yes W.W.I**

## 16. SOCIAL SECURITY NO.

**[REDACTED]**

## 17. INFORMANT

**Springfield, Missouri**

**Cora Martin, 1921 N. Burton**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Carcinomatosis of stomach**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

**Adenocarcinoma of stomach**

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION **Springfield** COUNTY **Greene** STATE **Mo.**

21. I attended the deceased from **May 1963** to **July 3, 1963** and last saw him alive on **7-3-63**  
Death occurred at **7-4-63 2:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**R. A. Eastwood M.D.**

## 22b. ADDRESS

**1715 Boonville, Springfield, Mo. 7-11-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 23b. DATE

**7-8-63**

## 23c. NAME OF CEMETERY OR CREMATORY

**East Lawn**

## 23d. LOCATION (City, town, or county)

**Springfield**

## 23e. STATE

**Mo.**

## 24. FUNERAL DIRECTOR

**Ralph Thieme, 1200 Boonville Ave.**

## 25. DATE RECD. BY LOCAL REG.

**7-12-63**

## 26. REGISTRAR'S SIGNATURE

**Effie E. Meeton**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JUL 19 1963

AUG 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*William L. Strauss*

Licensed Embalmer No.

5164

P. O. Address

*Sppl. Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 7-8-63